

Updating the Sponsor Application for School Nutrition Programs

School Year 2021-22



Connecticut State Department of Education
Bureau of Health/Nutrition, Family Services and Adult Education
Child Nutrition Programs
450 Columbus Boulevard, Suite 504
Hartford, CT 06103-1841

September 2021

Updating the Sponsor Application for School Nutrition Programs

https://portal.ct.gov/-/media/SDE/Nutrition/CNPsystem/Update_Sponsor_Agreement_SNP.pdf

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- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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This guide applies only to sponsors of the National School Lunch Program (NSLP) (including the Afterschool Snack Program (ASP)), School Breakfast Program (SBP), Seamless Summer Option (SSO), and Special Milk Program (SMP). All sponsors must submit their agreement for Child Nutrition Programs online, using the Connecticut State Department of Education’s (CSDE) Online Application and Claiming System for Child Nutrition Programs (CNP System). The sponsor’s online application must be approved by the CSDE before sponsors can submit any reimbursement claims for the current school year. The CSDE strongly encourages all sponsors to complete their online agreement by **October 15, 2021**, to ensure timely approval and claims submission.

CSDE Contact Information

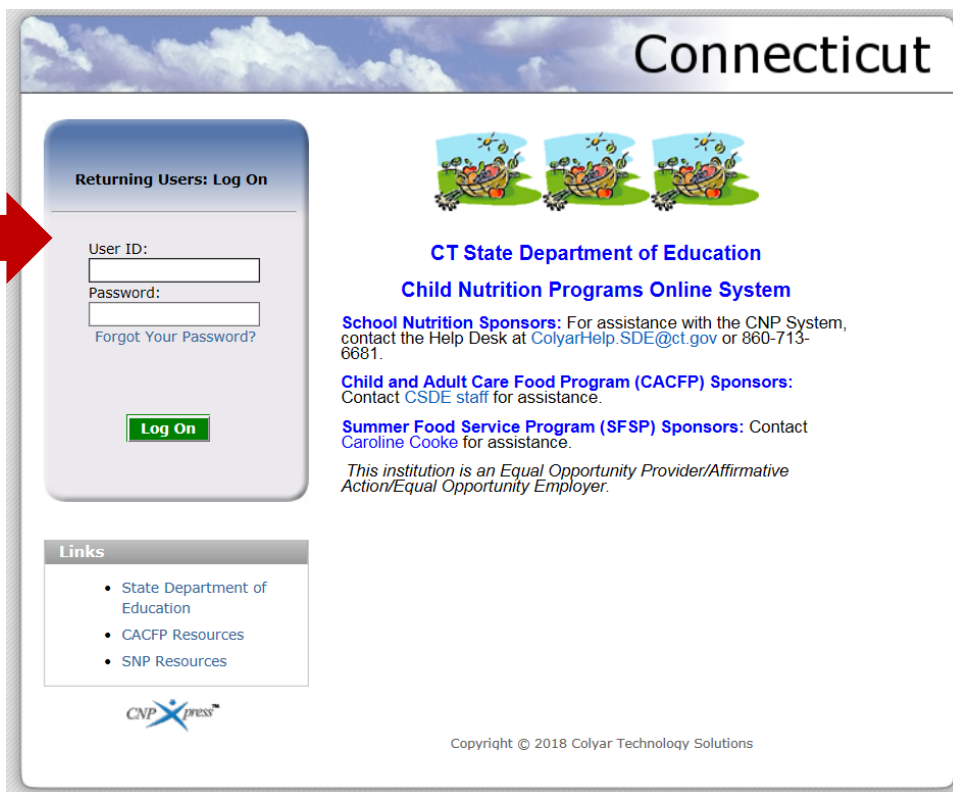
For questions regarding this information, please contact the school nutrition programs staff in the CSDE's Bureau of Health/Nutrition, Family Services and Adult Education.

School Nutrition Programs Staff		
County		Consultant
Fairfield County (includes Region 9) Litchfield County (includes Regions 1, 6, 7, 12, and 14)		Fionnuala Brown fionnuala.brown@ct.gov 860-807-2129
Hartford County (includes Region 10) Middlesex County (includes Regions 4, 13, and 17)		Teri Dandeneau teri.dandeneau@ct.gov 860-807-2079
New Haven County (includes Regions 5, 15, and 16) New London County Tolland County (includes Regions 8 and 19) Windham County (includes Region 11)		Susan Alston susan.alston@ct.gov 860-807-2081
Summer Meals		
Summer Food Service Program (SFSP) transitioning to the Seamless Summer Option (SSO) of the NSLP	Caroline Cooke 860-807-2144 caroline.cooke@ct.gov	Terese Maineri 860-807-2145 terese.maineri@ct.gov
SSO	Contact the consultant for the district’s county above	
Connecticut State Department of Education Bureau of Health/Nutrition, Family Services and Adult Education Child Nutrition Programs 450 Columbus Boulevard, Suite 504 Hartford, CT 06103-1841		

For more information, visit the CSDE's [School Nutrition Programs](#) webpage.

1 — Updating Sponsor Application

1. Access the Connecticut State Department of Education's (CSDE) Online Application and Claiming System for Child Nutrition Programs (CNP System) at <https://ct.cnpus.com/prod/Splash.aspx>.
2. Log in with your **User ID** and **Password**.



The screenshot shows the login page for the Connecticut Child Nutrition Programs Online System. The page has a header with the word "Connecticut" and a background image of a sky with clouds. Below the header, there are three small illustrations of baskets of fruit. The main content area is divided into two columns. The left column contains a "Returning Users: Log On" box with fields for "User ID:" and "Password:", a "Forgot Your Password?" link, and a green "Log On" button. A red arrow points to this box. The right column contains the text "CT State Department of Education" and "Child Nutrition Programs Online System". Below this, there are three sections of text: "School Nutrition Sponsors", "Child and Adult Care Food Program (CACFP) Sponsors", and "Summer Food Service Program (SFSP) Sponsors". At the bottom of the page, there is a "Links" section with three links: "State Department of Education", "CACFP Resources", and "SNP Resources". The page also features the "CNP press" logo and a copyright notice for 2018 Colyar Technology Solutions.

Returning Users: Log On

User ID:

Password:

[Forgot Your Password?](#)

Log On

CT State Department of Education
Child Nutrition Programs Online System

School Nutrition Sponsors: For assistance with the CNP System, contact the Help Desk at ColyarHelp.SDE@ct.gov or 860-713-6681.

Child and Adult Care Food Program (CACFP) Sponsors: Contact CSDE staff for assistance.

Summer Food Service Program (SFSP) Sponsors: Contact [Caroline Cooke](#) for assistance.

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Links

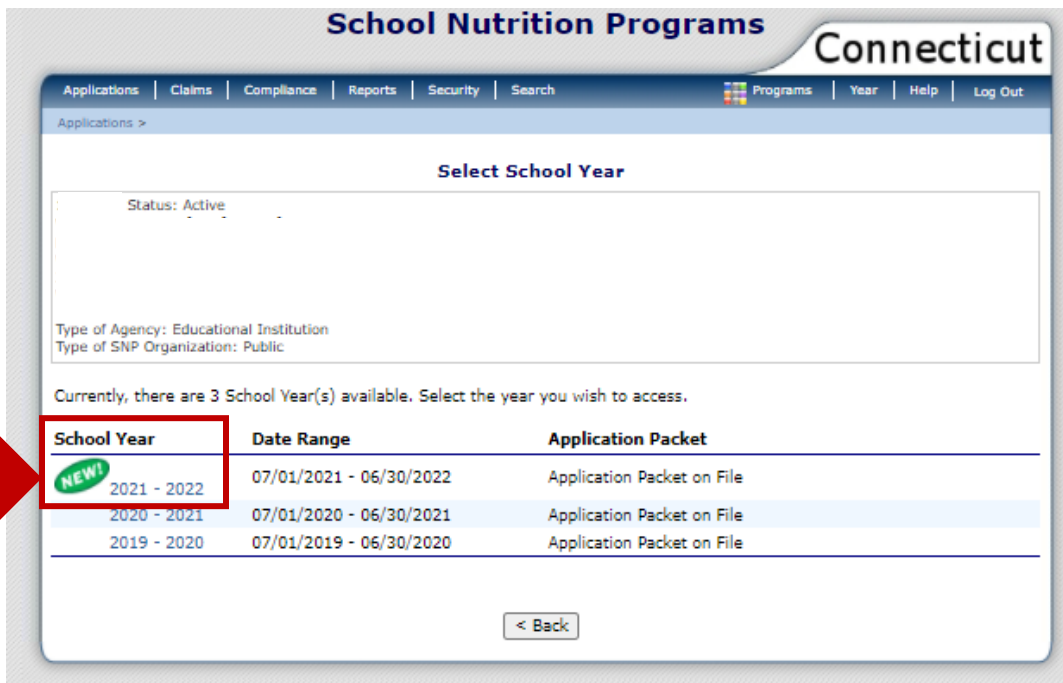
- [State Department of Education](#)
- [CACFP Resources](#)
- [SNP Resources](#)

CNP press

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1 | Sponsor Application

3. Click on school year 2021-22.



School Nutrition Programs Connecticut

Applications | Claims | Compliance | Reports | Security | Search | Programs | Year | Help | Log Out

Applications >

Select School Year

Status: Active

Type of Agency: Educational Institution
Type of SNP Organization: Public

Currently, there are 3 School Year(s) available. Select the year you wish to access.

School Year	Date Range	Application Packet
NEW! 2021 - 2022	07/01/2021 - 06/30/2022	Application Packet on File
2020 - 2021	07/01/2020 - 06/30/2021	Application Packet on File
2019 - 2020	07/01/2019 - 06/30/2020	Application Packet on File

< Back

4. Click on **Applications**.



School Nutrition Programs Connecticut

Applications | Claims | Compliance | Reports | Security | Search | Programs | Year | Help | Log Out

Applications

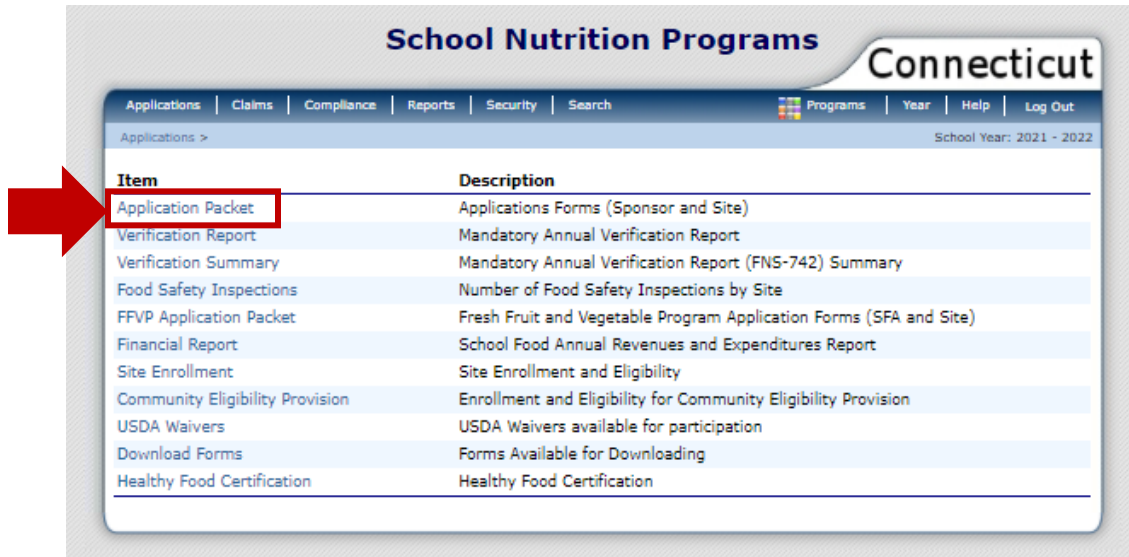


Welcome to the Child Nutrition Program Module!

The online system is now **OPEN** for claiming.

Before entering your online application, please review the User Manual and Application Packet Process Training Video, available on the CSDE's [CNP Online System](#) Web page.

5. Click on **Application Packet**.



School Nutrition Programs Connecticut

Applications | Claims | Compliance | Reports | Security | Search | Programs | Year | Help | Log Out

Applications > School Year: 2021 - 2022

Item	Description
Application Packet	Applications Forms (Sponsor and Site)
Verification Report	Mandatory Annual Verification Report
Verification Summary	Mandatory Annual Verification Report (FNS-742) Summary
Food Safety Inspections	Number of Food Safety Inspections by Site
FFVP Application Packet	Fresh Fruit and Vegetable Program Application Forms (SFA and Site)
Financial Report	School Food Annual Revenues and Expenditures Report
Site Enrollment	Site Enrollment and Eligibility
Community Eligibility Provision	Enrollment and Eligibility for Community Eligibility Provision
USDA Waivers	USDA Waivers available for participation
Download Forms	Forms Available for Downloading
Healthy Food Certification	Healthy Food Certification

6. The **2021-22 Application Packet** screen will appear. To the left of **Sponsor Application**, click on **Modify**.



School Nutrition Programs Connecticut

Applications | Claims | Compliance | Reports | Security | Search | Programs | Year | Help | Log Out

Applications > Application Packet > School Year: 2021 - 2022

2021 - 2022 Application Packet

Status: Active

Packet Submitted Date:
Packet Approved Date:
Packet Original Approval Date:
Packet Status: Not Submitted

Packet Assigned To: unassigned

Action	Form Name	Latest Version	Status
View Modify Admin	Sponsor Application	Original	Pending Validation
Details	Meal Pattern Compliance Dashboard		Pending Validation
Details	Checklist Summary		
Details	Application Packet Notes		
View Modify	SSO Reimbursement at SFSP Rates Dashboard		Complete

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/Closed	Error	Total Applications
School Nutrition Program	0	5	0	0	0	0	5
Seamless Summer Option	0	5	0	0	0	0	5

< Back Submit for Approval Approve Return Deny Withdraw Packet

Show Packet History

1 | Sponsor Application

7. The **sponsor application** will open. Most of the information entered in the school year 2020-21 application will transfer over to the 2021-22 application.

UBA:

No address on file for this year

Type of Agency: Private Non Profit Organization

Type of SNP Organization: Camp

Version: Original

School Year Dates of Operation

1. Operational Dates:

Start Date: 07/01/2015

End Date: 06/30/2016

Business Administrator

2. Name:

Salutation

First Name

Last Name

3. Email Address:

4. Phone:

Ext:

Fax:

5. Title:

Street Address

6. Address Line 1:

Address Line 2:

7. City:

8. State:

CT

Zip:

9. County:

Mailing Address

☐ Same as the Street Address

10. Address Line 1:

Address Line 2:

11. City:

12. State:

CT

Zip:

13. County:

Child Nutrition Director

☐ Same as the Business Administrator

14. Name:

Salutation

First Name

Last Name

15. Email Address:

16. Phone:

Ext:

Fax:

8. Check all information for accuracy and make edits and updates as necessary.
- The **Authorized Representative 1 and 2** **must** be completed.
 - The **Hearing Official** **must** be completed.
 - The **Direct Certification Contact** can be left blank if you are **not** required to use the Direct Certification List.
 - The **Determining Official** can be left blank if you do **not** process free and reduced applications.
 - The **Verifying Official** can be left blank if you are **not** required to conduct verification.

9. For **Verification Method** (question 42), click on the type of verification method that you intend to use during school year 2021-22. Refer to your school year 2020-21 Verification Report to determine what method should be used. If you are **not** required to process applications (i.e., some residential child care institutions (RCCIs) and sponsors with all schools participating in the Community Eligibility Provision (CEP), choose **No Verification to be Performed**.

Verification Method

42. Which type of Verification Method do you intend to use?

☐ Standard

☐ Alternate I

☐ Alternate II

☐ No Verification to be Performed

- For information on the allowable types of verification methods, refer to page 83 of the USDA's *Eligibility Manual for School Meals*.

10. For **Meal Count and Collection Procedures** (question 43), click **Yes** or **No**. ALL sponsors will be submitting documentation for site information on money collection and point of service (meal count) systems. For more information, refer to item 3 (Money Collection and POS Meal Count Systems) under “[Checklist Items](#)” in section 3.
- Example:

Meal Count and Collection Procedures

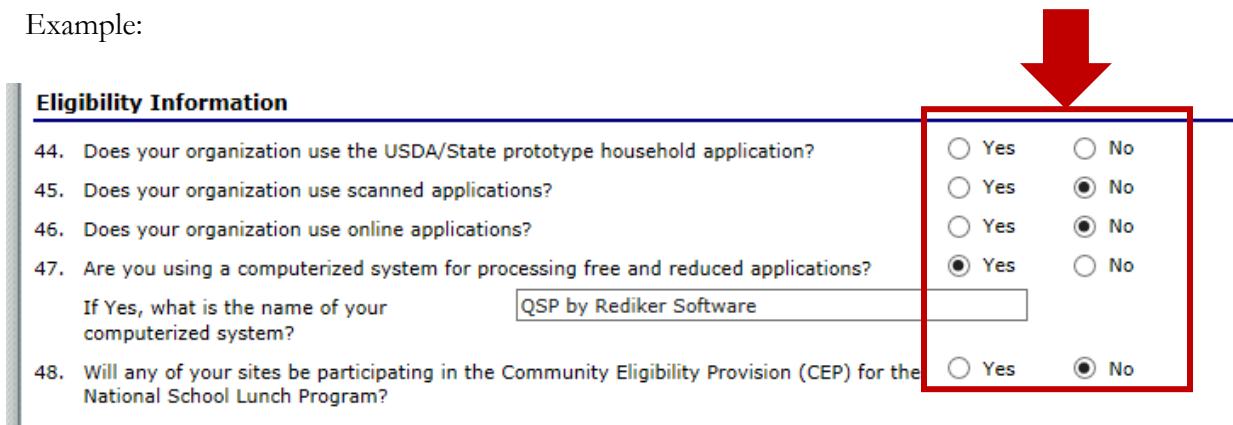
43. Have your meal counting and claiming procedures at any of your sites been revised? ☐ Yes ☒ No

1 | Sponsor Application

11. For **Eligibility Information** (questions 44-47), if you are not required to collect applications (i.e., some RCCIs and sponsors with all schools participating in the CEP), click **NO** for all items.

- If you do collect applications, answer questions 44-47 accordingly.
- For question 48, if any of your sites are participating in the CEP, click **YES**. If none of your sites participates in CEP, click **NO**.

Example:



Eligibility Information

44. Does your organization use the USDA/State prototype household application? ☐ Yes ☐ No

45. Does your organization use scanned applications? ☐ Yes ☒ No

46. Does your organization use online applications? ☐ Yes ☒ No

47. Are you using a computerized system for processing free and reduced applications? ☒ Yes ☐ No

If Yes, what is the name of your computerized system?

48. Will any of your sites be participating in the Community Eligibility Provision (CEP) for the National School Lunch Program? ☐ Yes ☒ No

12. Questions 49-51 are only for RCCIs. If you are not a RCCI, nothing can be clicked. If you are a RCCI, answer questions 49-51 accordingly.

Residential Child Care Institution (RCCI) only

49. What is the student population type? ☐ Residential only ☐ Residential and day students

50. What documentation is used to qualify residential students for free meals? ☐ Individual Determination Form ☐ Other

If Other, please describe:

51. What documentation is used to qualify day students for free and reduced price meals? ☐ Free and Reduced Price Application ☐ Other

If Other, please describe:

For **Food Service Management Company** (question 52) click **YES** or **NO**. If you clicked **YES**, complete the **Sponsor Contact for FSMC Contract**. This person is the Food Service Director's direct company manager (Area Manager or District Manager). For more information, refer to the steps for food service management companies in [section 5](#).

Food Service Management Company (FSMC)

52. Will the school nutrition program be managed by a Food Service Management Company (FSMC)?
☐ Yes
☒ No

Sponsor Contact for FSMC Contract

53. Name:

Salutation
First Name
Last Name

54. Email Address:

55. Phone:
Ext:
Fax:

56. Title:

13. For **Vended Meals**, answer questions 57-60 as applicable. ***All contracts/interschool agreements will be submitted/uploaded into the CNP System.*** For more information, refer to item 13 (Vended Meals Contract) under “[Checklist Items](#)” in section 3.

Vended Meals

57. Does your organization purchase meals from a School Food Authority (SFA)?
☐ Yes
☒ No

If Yes, please list the School Food Authority (SFA) name(s):

Do you have an agreement?
☐ Yes
☒ No

58. Does your organization purchase meals/snacks from a vendor other than a School Food Authority (SFA)?
☐ Yes
☒ No

If Yes, please list the vendor name:

Do you have a contract?
☐ Yes
☒ No

59. Does your organization claim reimbursement for meals provided to a School Food Authority (SFA)?
☐ Yes
☒ No

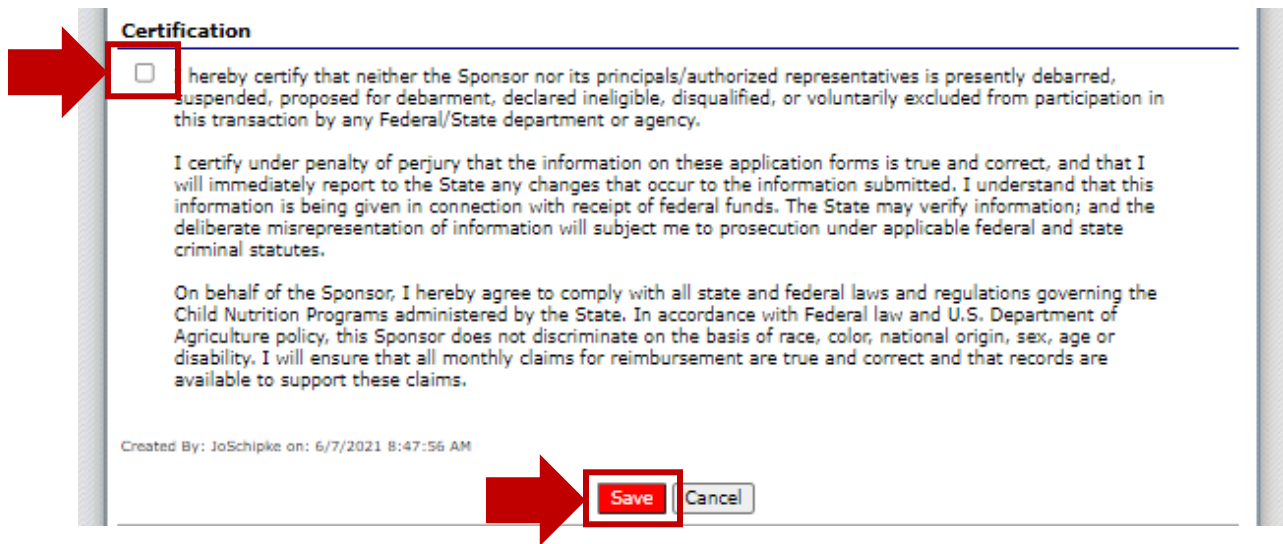
Do you have an agreement?
☐ Yes
☒ No

60. Does your organization vend meals to a School Food Authority (SFA)?
☐ Yes
☒ No

If Yes, please list the School Food Authority (SFA) name(s):

1 | Sponsor Application

14. For **Certification**, click the **check box** and then click on **Save**.



Certification

☐ I hereby certify that neither the Sponsor nor its principals/authorized representatives is presently debarred, suspended, proposed for debarment, declared ineligible, disqualified, or voluntarily excluded from participation in this transaction by any Federal/State department or agency.

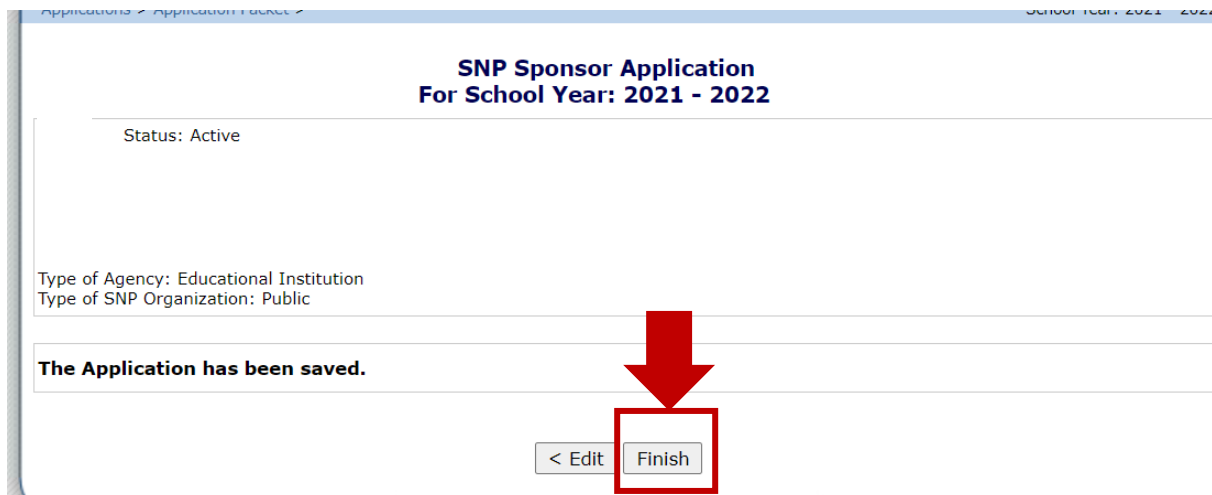
I certify under penalty of perjury that the information on these application forms is true and correct, and that I will immediately report to the State any changes that occur to the information submitted. I understand that this information is being given in connection with receipt of federal funds. The State may verify information; and the deliberate misrepresentation of information will subject me to prosecution under applicable federal and state criminal statutes.

On behalf of the Sponsor, I hereby agree to comply with all state and federal laws and regulations governing the Child Nutrition Programs administered by the State. In accordance with Federal law and U.S. Department of Agriculture policy, this Sponsor does not discriminate on the basis of race, color, national origin, sex, age or disability. I will ensure that all monthly claims for reimbursement are true and correct and that records are available to support these claims.

Created By: JoSchlipke on: 6/7/2021 8:47:56 AM

Save Cancel

15. Click on **Finish**. The Sponsor Application is now complete. The Site Application section must now be completed (refer to [section 2](#)).



SNP Sponsor Application
For School Year: 2021 - 2022

Status: Active

Type of Agency: Educational Institution
Type of SNP Organization: Public

The Application has been saved.

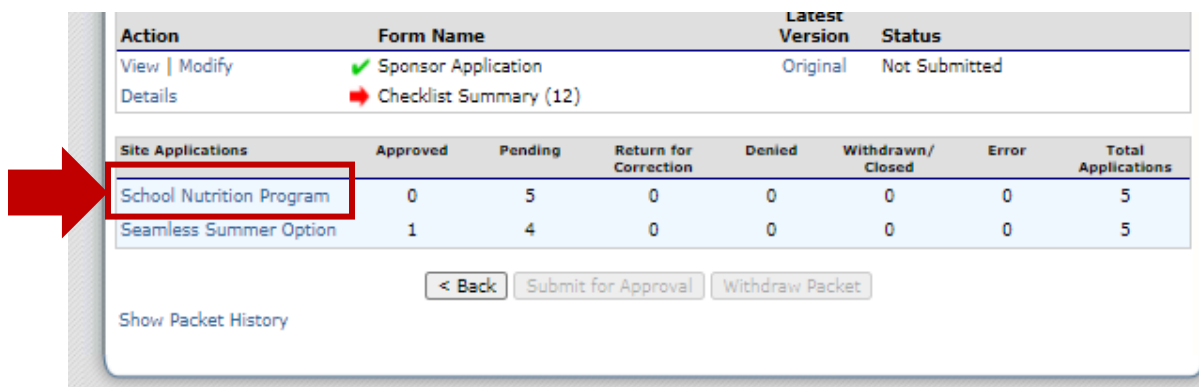
< Edit **Finish**

2 — Updating Site Applications

Part 1: School Nutrition Programs

All SSO sponsors **must** update this section before submitting the Sponsor Application.

- To start the **Site Application**, click on **School Nutrition Programs**.



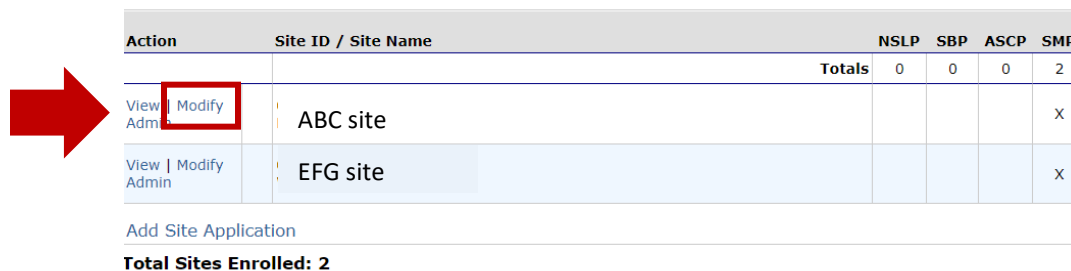
Action	Form Name	Latest Version	Status
View Modify	✓ Sponsor Application	Original	Not Submitted
Details	➔ Checklist Summary (12)		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
School Nutrition Program	0	5	0	0	0	0	5
Seamless Summer Option	1	4	0	0	0	0	5

[< Back](#)
[Submit for Approval](#)
[Withdraw Packet](#)

[Show Packet History](#)

- Click on **Modify** to the left of the **Site Name**.



Action	Site ID / Site Name	NSLP	SBP	ASCP	SMP
	Totals	0	0	0	2
View Modify	ABC site				X
View Modify	EFG site				X

[Add Site Application](#)

Total Sites Enrolled: 2

2 | Site Applications

3. The **SNP Site Application** screen will appear for the school that was selected. Most of the information entered in the school year 2020-21 application will transfer over. **Note:** SSO sponsors should **not** make any changes to the School Nutrition Programs Site Application. Leave “**Participating Program(s)**” checked off. If you are changing any programs, please **consult with your CSDE county consultant** as additional information may need to be submitted before the site can be approved.

The screenshot shows the 'SNP Site Application' form for School Year 2021-2022. At the top right are links for 'VIEW', 'MODIFY', and 'DELETE'. The title 'SNP Site Application For School Year: 2021 - 2022' is centered. Below the title, the status is 'Active' and the school year is '02'. The 'Type of Agency' is 'Educational Institution' and the 'Type of SNP Organization' is 'Public'. The 'Version' is 'Original'. The 'Program Information' section is highlighted with a red box and a red arrow. It contains a 'Participating Program(s)' label and a list of four programs: A. National School Lunch Program (NSLP) CFDA #10.555, B. School Breakfast Program (SBP) CFDA #10.553, C. Afterschool Snack Program (ASP) CFDA #10.555, and D. Special Milk Program (SMP) CFDA #10.556. A 'Modify Program Selection' button is also present. The 'Site Contact' section at the bottom has fields for Name (Salutation, First Name, Last Name), Email Address, Phone (with Ext. and Fax), and Title.

VIEW | MODIFY | DELETE

SNP Site Application
For School Year: 2021 - 2022

Status: Active 02 Status: Active

Type of Agency: Educational Institution
Type of SNP Organization: Public

Version: Original


Program Information

Participating Program(s)

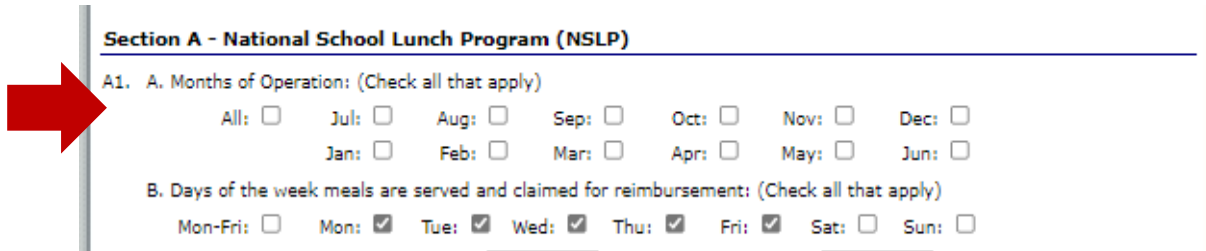
☒ A. National School Lunch Program (NSLP) CFDA #10.555
☒ B. School Breakfast Program (SBP) CFDA #10.553
☐ C. Afterschool Snack Program (ASP) CFDA #10.555
☐ D. Special Milk Program (SMP) CFDA #10.556

Modify Program Selection

Site Contact

1. Name: Salutation First Name Last Name
2. Email Address: 
3. Phone: Ext: Fax:
4. Title:

4. **Section A – National School Lunch Program, Section B – School Breakfast Program (if applicable):** Please review that all months are **unchecked**.



Section A - National School Lunch Program (NSLP)

A1. A. Months of Operation: (Check all that apply)

All: ☐ Jul: ☐ Aug: ☐ Sep: ☐ Oct: ☐ Nov: ☐ Dec: ☐
 Jan: ☐ Feb: ☐ Mar: ☐ Apr: ☐ May: ☐ Jun: ☐

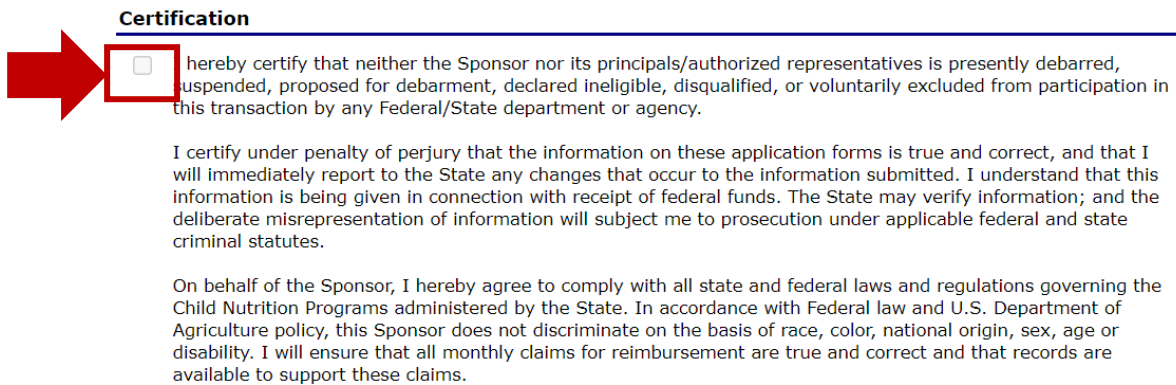
B. Days of the week meals are served and claimed for reimbursement: (Check all that apply)

Mon-Fri: ☐ Mon: ☒ Tue: ☒ Wed: ☒ Thu: ☒ Fri: ☒ Sat: ☐ Sun: ☐

5. **Section C – Afterschool Snack Program (if applicable)**

Note: Contact your [CSDE county consultant](#) if you will be applying to participate in the Afterschool Snack Program (ASP). Instructions for the ASP will be sent separately.

6. For **Certification**, click the **check box** and then click on **Save**.



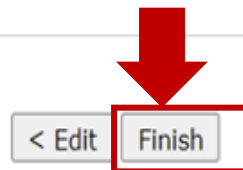
Certification

☐ I hereby certify that neither the Sponsor nor its principals/authorized representatives is presently debarred, suspended, proposed for debarment, declared ineligible, disqualified, or voluntarily excluded from participation in this transaction by any Federal/State department or agency.

I certify under penalty of perjury that the information on these application forms is true and correct, and that I will immediately report to the State any changes that occur to the information submitted. I understand that this information is being given in connection with receipt of federal funds. The State may verify information; and the deliberate misrepresentation of information will subject me to prosecution under applicable federal and state criminal statutes.

On behalf of the Sponsor, I hereby agree to comply with all state and federal laws and regulations governing the Child Nutrition Programs administered by the State. In accordance with Federal law and U.S. Department of Agriculture policy, this Sponsor does not discriminate on the basis of race, color, national origin, sex, age or disability. I will ensure that all monthly claims for reimbursement are true and correct and that records are available to support these claims.

7. Click on **Finish**. The site application is now complete. You are directed back to the **Site List**. Repeat steps 2-5 for each site.

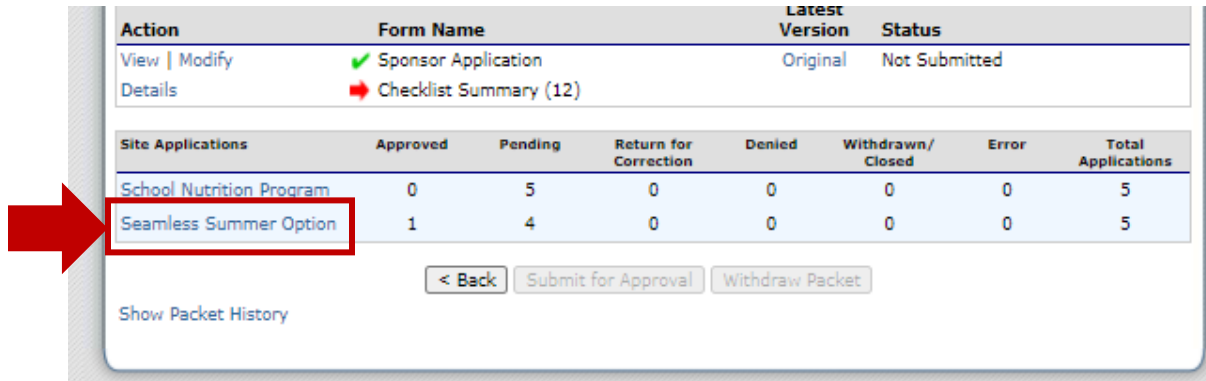


< Edit Finish

2 | Site Applications

Part 2: Seamless Summer Option

1. To start the Site Application, click on **Seamless Summer Option**.



The screenshot shows a web interface for Site Applications. At the top, there's a table with columns: Action, Form Name, Latest Version, and Status. Below this is a table for Site Applications with columns: Site Applications, Approved, Pending, Return for Correction, Denied, Withdrawn/Closed, Error, and Total Applications. The 'Seamless Summer Option' row is highlighted with a red box and a red arrow pointing to it. Below the table are buttons for '< Back', 'Submit for Approval', and 'Withdraw Packet', and a link for 'Show Packet History'.

Action	Form Name	Latest Version	Status
View Modify	✓ Sponsor Application	Original	Not Submitted
Details	➔ Checklist Summary (12)		

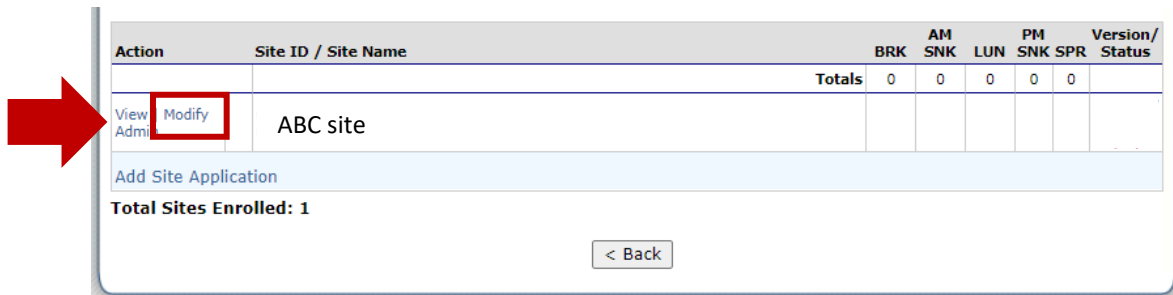
Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/Closed	Error	Total Applications
School Nutrition Program	0	5	0	0	0	0	5
Seamless Summer Option	1	4	0	0	0	0	5

< Back Submit for Approval Withdraw Packet

Show Packet History

2. Sites participating for school year 2021-22.

- **SSO:** Click on **Modify** to the left of the **Site Name**.



The screenshot shows a web interface for Site Applications. At the top, there's a table with columns: Action, Site ID / Site Name, BRK, AM SNK, LUN, PM SNK, SPR, and Version/Status. Below this is a table with a row for 'ABC site'. The 'Modify' button is highlighted with a red box and a red arrow pointing to it. Below the table are buttons for '< Back' and 'Add Site Application'.

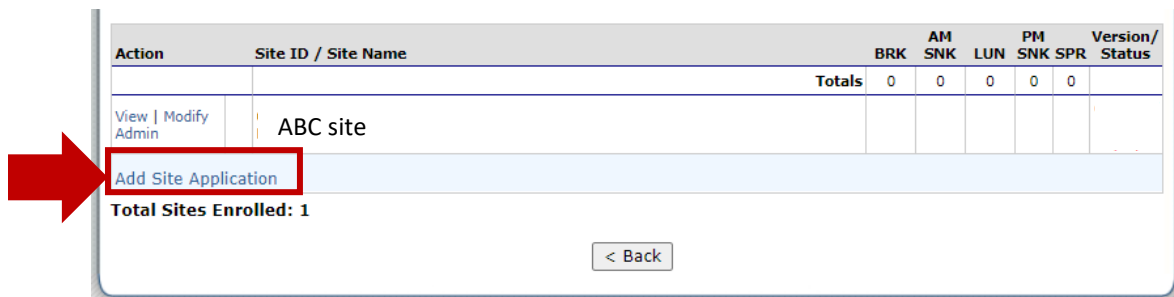
Action	Site ID / Site Name	BRK	AM SNK	LUN	PM SNK	SPR	Version/Status
Totals		0	0	0	0	0	
View Modify	ABC site						

Add Site Application

Total Sites Enrolled: 1

< Back

- **SFSP sponsors transitioning to SSO:** Click on **Add Site Application**. A list of available sites will appear. Select a site that will participate in school year 2021-22. Answer the questions for each site. Repeat this step for each site.



The screenshot shows a web interface for Site Applications. At the top, there's a table with columns: Action, Site ID / Site Name, BRK, AM SNK, LUN, PM SNK, SPR, and Version/Status. Below this is a table with a row for 'ABC site'. The 'Add Site Application' button is highlighted with a red box and a red arrow pointing to it. Below the table are buttons for '< Back' and 'Add Site Application'.

Action	Site ID / Site Name	BRK	AM SNK	LUN	PM SNK	SPR	Version/Status
Totals		0	0	0	0	0	
View Modify	ABC site						


Add Site Application

Total Sites Enrolled: 1

< Back

3. Complete all questions as indicated below. Update each SSO site that will operate during October 2021 through June 2022.

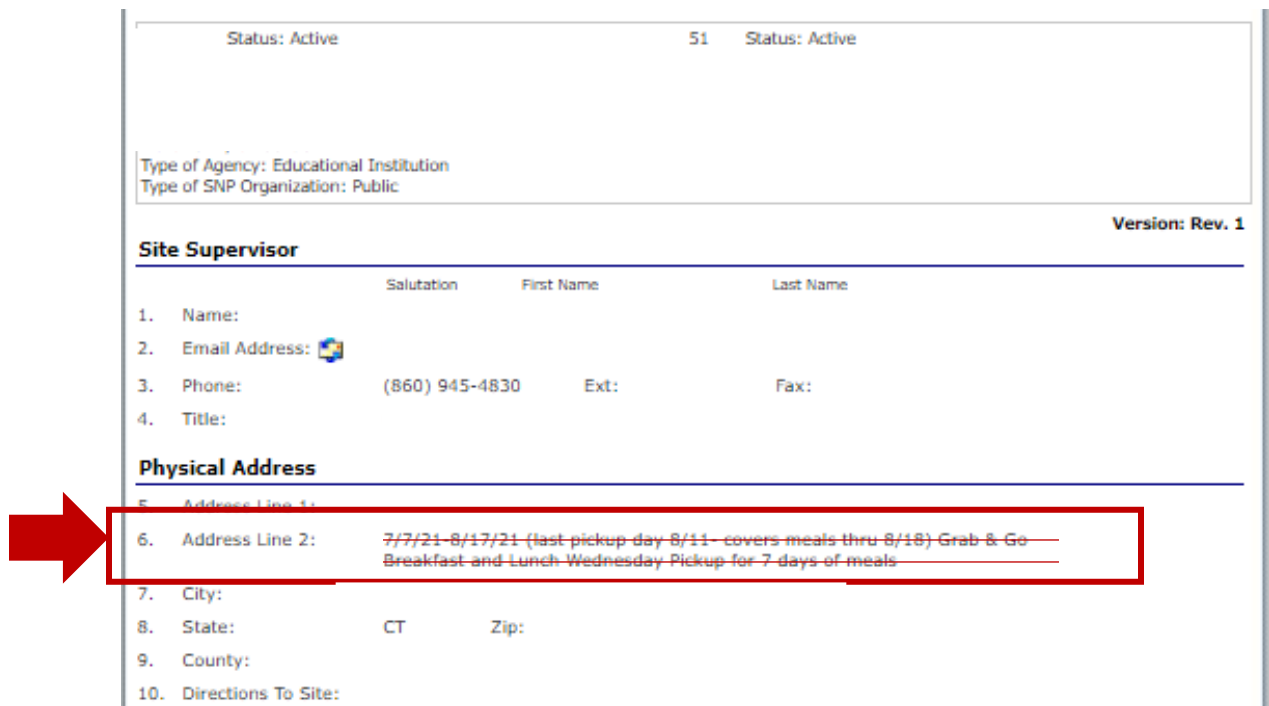
- **Questions 1-10: Site Supervisor and Physical Address**

<u>Status: Active</u>	61	<u>Status: Active</u>
Type of Agency: Educational Institution Type of SNP Organization: Public		
Version: Rev. 2		
Site Supervisor		
	Salutation	First Name
1. Name:		Last Name
2. Email Address: 		
3. Phone:	Ext:	Fax:
4. Title:		
Physical Address		
5. Address Line 1:		
6. Address Line 2:		
7. City:		
8. State:	CT	Zip:
9. County:	Fairfield (001)	
10. Directions To Site:		

2 | Site Applications

- **Question 6: Address Line 2**

Delete any information in the “Address Line 2” field that was entered for Open sites that participated during the summer months.



The screenshot shows a web form for site applications. At the top, there are status fields: "Status: Active", "51", and "Status: Active". Below these are agency details: "Type of Agency: Educational Institution" and "Type of SNP Organization: Public". A "Version: Rev. 1" label is on the right. The "Site Supervisor" section includes fields for Name, Email Address, Phone, and Title, with a table for Salutation, First Name, Last Name, Ext, and Fax. The "Physical Address" section includes fields for Address Line 1, Address Line 2, City, State, Zip, County, and Directions To Site. A red arrow points to the Address Line 2 field, which contains the text: ~~7/7/21-8/17/21 (last pickup day 8/11- covers meals thru 8/18) Grab & Go Breakfast and Lunch Wednesday Pickup for 7 days of meals~~.

Status: Active		51	Status: Active	
Type of Agency: Educational Institution Type of SNP Organization: Public				
Version: Rev. 1				
Site Supervisor				
1. Name:	Salutation	First Name	Last Name	
2. Email Address:				
3. Phone:	(860) 945-4830	Ext:	Fax:	
4. Title:				
Physical Address				
5. Address Line 1:				
6. Address Line 2:	7/7/21-8/17/21 (last pickup day 8/11- covers meals thru 8/18) Grab & Go Breakfast and Lunch Wednesday Pickup for 7 days of meals			
7. City:				
8. State:	CT	Zip:		
9. County:				
10. Directions To Site:				

- **Question 11: Indicate the Type of Site**

Type of site: Select either **Open** or **Closed Enrolled**. Do not select “Restricted Open,” “Migrant,” or “Camp.”

- **When to select “Open”**

Select “Open” for sites where SSO meals will be distributed to any child age 18 years old and younger and persons 19 or older with a physical or mental disability, as defined by the State.

- **When to select “Closed Enrolled”**

Select “Closed Enrolled” when the SSO meals will only be distributed to children enrolled at this school/site.

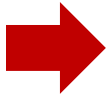
- **Important considerations:** While the CSDE encourages school food authorities (SFAs) to serve the community during normal summer operations, the CSDE recognizes that due to the unique operational challenges caused by the COVID-19 pandemic, SFAs operating the SSO during the regular school year may decide to operate closed enrolled sites that limit participation to only students enrolled at that school site.

2 | Site Applications

When you select Closed Enrolled

- First box: Enter “Area Eligibility Waiver.”
- Second box: Indicate the applicable reason, e.g., feeding enrolled students only **or** security **or** whatever applies.

- ☒ Closed Enrolled (1-2 Meals) Located in an eligible area (enrichment only) or non-eligible area that is limited to a group of enrolled children through age 18, of which at least 50% must be eligible for free or reduced price meals. Sponsor must provide explanation of how it was determined that at least 50% of the enrolled children in a non-eligible area qualified for free and reduced price meals.



Area Eligibility Waiver



Why sponsoring a closed site?

Feeding only enrolled students

Qualified by:

- **SSO sponsors:** Do **not** revise this section without contacting your [CSDE county consultant](#). This section addresses area eligibility for an Open site or a Closed Enrolled site that was approved as part of the site's initial approval based on school data, census data, or waiver.
- **SFSP sponsors transitioning to SSO:** Enter "Area Eligibility Waiver" Do **not** complete the sections for **migrant** and **camp**.

Qualified by:

☐ % Free and Reduced approved, school data (most recent October data).
Select the Qualifying Site for the Seamless Summer Option:

☐ Census data
Census Tract No.
Block Group No.

☐ Income eligibility forms are:
☐ Collected
☐ On File
☐ SFA Listing

Projected number of children enrolled
Projected number of children eligible for free/reduced price meals

☒ Other:
Explain: Area Eligibility Waiver

☐ Migrant (1-3 Meals)

☐ Camp (1-3 Meals)
☐ Residential
☐ Non-residential (day camp)
If 'Non-residential' is selected, provide a brief description of the organized program.

Why sponsoring a camp?

Source of documentation for individual children's eligibility:
☐ Regular School Year Eligibility (SFA Listing)
☐ Application Submitted to Camp Site
☐ Combination of both (Regular School Year Eligibility and Application Submitted to Camp Site)

Projected number of children enrolled
Projected number of children eligible for free/reduced price meals

☐ Select to provide assurance camp will only claim reimbursement for children eligible for free or reduce price meals.

2 | Site Applications

- **Question 12: Year-round Calendar**

Indicate “yes” or “no.”

- **Question 13: Summer Operational Dates**

Start Date: Enter October 1, 2021.

End Date: End date for all school sites operating in SY 2021-22 will be June 30, 2022.

- **Question 14: Number of Operating Days**

Enter the number of total days the site will be submitting a claim for each month. Update the number of days for all months to total the number of days of official school year operating days.

- **Question 15: Field Trip Dates**

Do not answer.

Period of Operation

12. Is the Site located in an area where the school operates on a year-round calendar? ☐ Yes ☒ No

13. Summer Operational Dates: Start Date: 10/01/2021 End Date: 06/30/2022

14. Enter the number of days the Site will operate each month:

OCT 2021	NOV 2021	DEC 2021	JAN 2022	FEB 2022	MAR 2022	APR 2022	MAY 2022	JUN 2022	JUL 2022	AUG 2022	SEP 2022
21	18	17	19	18	23	16	21	8			

15. Field Trip Dates:

Questions 16

The information should reflect the estimated number of meals served daily; the type of meal to be served; the time that the meal service begins and the time the meal service ends; and all days that meals are being distributed at that site.

Note: For SY 2021-22, SFAs **cannot** serve weekend and holiday meals through the SSO during the regular school year. Only Monday through Friday should be checked.

Meal Participation									
16. Check the meal type and service information:									
Type of Meals to be Served	Estimated Number to be Served		Time Meal Service Begins		Time Meal Service Ends				
<input checked="" type="checkbox"/> Breakfast	250		8 AM	:30	9 AM :00				
Days served:	<input type="checkbox"/> Mon-Fri	<input type="checkbox"/> Sun	<input checked="" type="checkbox"/> Mon	<input checked="" type="checkbox"/> Tue	<input checked="" type="checkbox"/> Wed	<input checked="" type="checkbox"/> Thu	<input checked="" type="checkbox"/> Fri	<input type="checkbox"/> Sat	
<input type="checkbox"/> AM Snack				:00					
Days served:	<input type="checkbox"/> Mon-Fri	<input type="checkbox"/> Sun	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	
<input checked="" type="checkbox"/> Lunch	250		11 AM	:15	12 Noon :50				
Days served:	<input type="checkbox"/> Mon-Fri	<input type="checkbox"/> Sun	<input checked="" type="checkbox"/> Mon	<input checked="" type="checkbox"/> Tue	<input checked="" type="checkbox"/> Wed	<input checked="" type="checkbox"/> Thu	<input checked="" type="checkbox"/> Fri	<input type="checkbox"/> Sat	
<input type="checkbox"/> PM Snack				:00					
Days served:	<input type="checkbox"/> Mon-Fri	<input type="checkbox"/> Sun	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	
<input type="checkbox"/> Supper				:00					
Days served:	<input type="checkbox"/> Mon-Fri	<input type="checkbox"/> Sun	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	

Question 17-20

Answer questions as appropriate.

Question 21

Update this for all sites that are **Open Sites**. Leave blank if the site is closed enrolled.

Advertising	
21. Indicate below the date that outreach will be conducted and identify the advertisement methods you plan to use. (Not applicable for Closed Enrolled and Camp sites)	
Advertisement Date(s):	
<input type="checkbox"/> Newspaper announcement/press release	<input type="checkbox"/> TV/Radio
<input type="checkbox"/> Flyers - neighborhood	<input type="checkbox"/> Flyers - school
<input type="checkbox"/> Sponsor website	<input type="checkbox"/> School newspaper
<input type="checkbox"/> Other	<input type="checkbox"/> Posters and signs

2 | Site Applications

- **Questions 22 and 23**

Do not change.

Organization Liaison

22. If Sponsor is not providing site personnel, please provide the name of the organization and title of the person responsible for communication between the Sponsor and the organization:

Organization: Person Responsible:

Severe Need Breakfast Qualification

23. Severe Need Breakfast Eligibility based on Qualifying School

Total Free Lunches	Total Reduced Price Lunches	Total Paid Lunches	Total Lunches	Free & Reduced %
5,602	1,814	15,431	22,847	32.45%

4. **Certify the SSO Site Application:** For **Certification**, click the **check box** and then click on **Save**.

Certification

☐ By checking the box above, I certify that the information on the application forms in the Child Nutrition Online Claim System is true and correct and that I will immediately report to the state any changes that occur to the information submitted. I understand that this information is being given in connection with receipt of federal funds. The state may verify information, and the deliberate misrepresentation of information will subject me to prosecution under applicable federal and state criminal statutes. I hereby certify that this School Food Authority will operate the Child Nutrition program(s) indicated in the Child Nutrition Online Claim System in accordance with the agreement(s) on file.

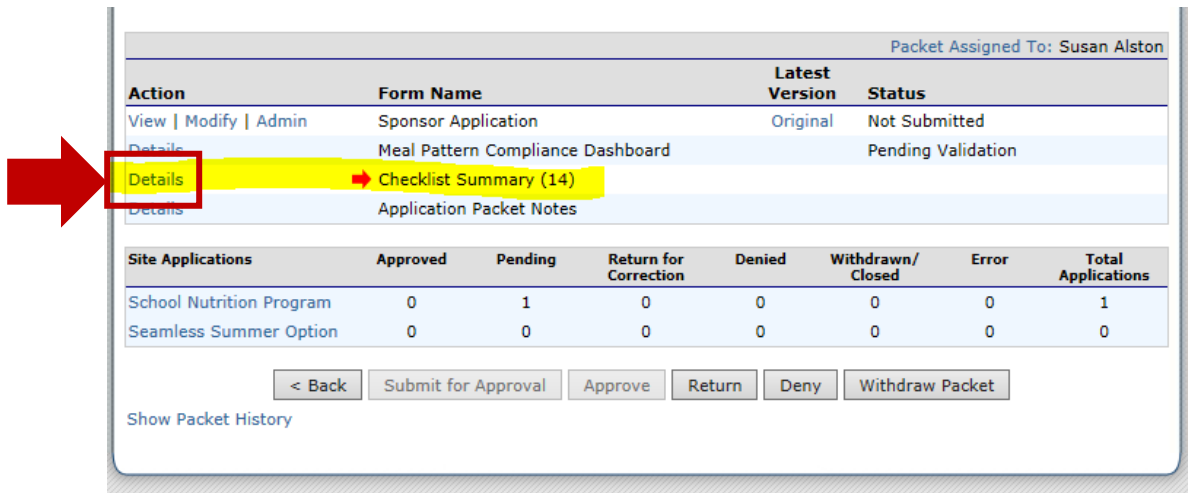
Save

VIEW | **MODIFY** | DELETE

3 — Checklist Summary

After the sponsor and site applications have been saved, the CNP System will generate a checklist of items that need to be submitted with the application.

1. Click on **Details**.



Packet Assigned To: Susan Alston

Action	Form Name	Latest Version	Status
View Modify Admin	Sponsor Application	Original	Not Submitted
Details	Meal Pattern Compliance Dashboard		Pending Validation
Details	Checklist Summary (14)		
Details	Application Packet Notes		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
School Nutrition Program	0	1	0	0	0	0	1
Seamless Summer Option	0	0	0	0	0	0	0

[< Back](#)
[Submit for Approval](#)
[Approve](#)
[Return](#)
[Deny](#)
[Withdraw Packet](#)

[Show Packet History](#)

2. Click on **Sponsor name**.








SNP Checklist Summary

Type of Agency: Educational Institution
Type of SNP Organization: Public

Sponsor	Total Items	Submitted Items	Approved Items
Public Schools	13	0	0


3 | Checklist Summary

- The SNP Checklist will list the items that need to be attached to the application. Click on the **blue paperclip** to attach the requested items. In the comment section, write the name of the document being attached. After the items are attached, click the check box under the heading **Document Submitted to CNP** (the **Date** will generate).







Required Forms/Documents to send to CNP		Document Submitted to CNP	Date Submitted to CNP	Document on File w/CNP
* Meal Counting and Claims Procedures		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Policy Statement (SIGNED)		<input checked="" type="checkbox"/>	08/12/2016	<input type="checkbox"/>
Meal Application and Data Management Process		<input checked="" type="checkbox"/>	08/12/2016	<input type="checkbox"/>
Site Information on Money Collection System and Point -of Service Meal Counting System		<input checked="" type="checkbox"/>	08/12/2016	<input type="checkbox"/>
Public Media Release		<input checked="" type="checkbox"/>	08/12/2016	<input type="checkbox"/>
* Application for Free and Reduced-price School Meals or Free Milk		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>

- Click **Save**.

Action	Checklist Item	Comment	Attachment Date/Time
View Modify	Policy Statement (SIGNED)		8/12/2016 1:06:33 PM
View Modify	Meal Application and Data Management Process		8/12/2016 1:06:50 PM
View Modify	Site Information on Money Collection System and Point -of Service Meal Counting System		8/12/2016 1:07:10 PM
View Modify	Public Media Release		8/12/2016 1:07:30 PM



5. If a required checklist item is not listed under the heading **Required Forms/Documents to send to CNP**, use **SNP Upload** and repeat step 4.

* Parent/Guardian Notification Letter (approving or denying meals or milk benefits)		<input checked="" type="checkbox"/>	10/18/2016	<input type="checkbox"/>
* Parent/Guardian Notification Letter of Direct Certification - Version 1		<input checked="" type="checkbox"/>	10/18/2016	<input type="checkbox"/>
* Parent/Guardian Notification Letter of Direct Certification - Version 2		<input checked="" type="checkbox"/>	10/18/2016	<input type="checkbox"/>
* Notice of Selection for Verification of Eligibility		<input checked="" type="checkbox"/>	10/18/2016	<input type="checkbox"/>
* Letter of Verification Results and Adverse Action for Income Households		<input checked="" type="checkbox"/>	10/19/2016	<input type="checkbox"/>
* SNP Upload		<input type="checkbox"/>		<input type="checkbox"/>

Checklist Items

1. **Policy Statement (Updated August 2021):** The Policy Statement outlines the school food authority's (SFA) responsibilities specific to the agreement to participate in the National School Lunch Program (NSLP) and/or the School Breakfast Program (SBP), and the Afterschool Snack Program, or to provide free milk under the Special Milk Program (SMP). The SFA assures the CSDE that the policy with respect to determining the eligibility of children for free and reduced-price school meals will be uniformly implemented in all NSLPs and SBPs under its jurisdiction, as well as free milk in the SMP.

Attach the school food authority's (SFA) completed and signed policy statement.

- https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/FreeRed/Policy_Statement_Free_Reduced_Meals_ASP_Free_Milk.pdf

2. **Meal Application and Data Management Process (Updated March 2021):** Attach the SFA's completed *Meal Application and Data Management Process* form.

- https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/MealCount/Meal_Application_Data_Management_Process_SNP.docx

3. **Money Collection and Point-of-Service (POS) Meal Count Systems (Updated March 2021):** Attach the SFA's completed *Site Information on Money Collection and POS Meal Count Systems* form.

- https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/MealCount/Site_Information_Money_Collection_POS_Meal_Counts_SNP.docx

4. **Public Media Release (Updated August 2021):** Attach the SFA's public media release for school year 2021-22.

- **NSLP and SBP:**
https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/FreeRed/Public_Media_Release_Connecticut_SNP.docx
- **CEP:**
https://portal.ct.gov/-/media/SDE/Nutrition/CEP/Press_Release_Sample_CEP_SSO.docx

5. **Application for Free and Reduced-price School Meals or Free Milk (Updated June 2021):** If applicable, attach the SFA's application distributed to households.

- https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/FreeRed/Family_Application_Free_Reduced_School-Meals_Free_Milk.doc

6. **Parent/Guardian Letter: Frequently Asked Questions (FAQs) About Free and Reduced-price School Meals, and/or Parent/Guardian Letter: Frequently Asked Questions (FAQs) About Free School Milk:** Attach the SFA's parent letters distributed to households.
 - **NSLP and SBP** (Updated June 2021):
https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/FreeRed/Parent_Letter_FAQ_Free_Reduced_Meals.docx
 - **SSO** (Updated June 2021):
https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/FreeRed/Parent_Letter_FAQ_Free_Reduced_Meals_SSO.docx
 - **Milk** (Updated August 2021)
https://portal.ct.gov/-/media/SDE/Nutrition/SMP/Parent_Letter_FAQs_Milk.docx
7. **Parent/Guardian Notification Letter (approving or denying meals or milk benefits) (Updated May 2019):** If applicable, attach the SFA's parent/guardian notification letter for approving or denying meals or milk benefits).
 - https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/FreeRed/Parent_Letter_FAQ_Free_Reduced_Meals_NSLP_SBP.docx
8. **Parent/Guardian Notification Letter for Direct Certification based on SNAP, TFA or Medicaid Benefits (Version 1) (Updated June 2021):** Attach the SFA's parent/guardian notification letter for Direct Certification (version 1).
 - https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/FreeRed/Direct_Certification_Parent_Notification_Letter1_SNAP_TFA_Medicaid.docx
9. **Parent/Guardian Notification letter for Direct Certification based on Foster Child, Homeless, Runaway or Head Start (Version 2) (Updated June 2021):** Attach the SFA's parent/guardian notification letter for Direct Certification (version 2).
 - https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/FreeRed/Direct_Certification_Parent_Notification_Letter2_Foster_Child_Homeless_Runaway_Head_Start.docx

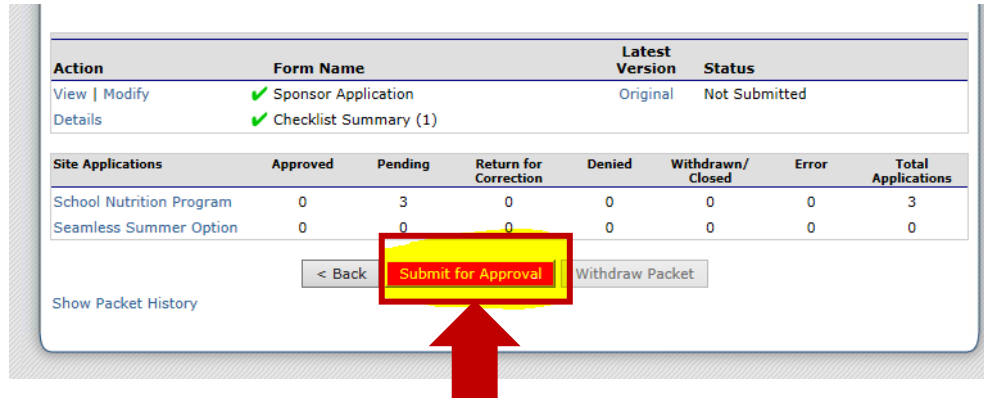
3 | Checklist Summary

10. **Parent/Guardian Notification letter for Direct Certification based on Medicaid Benefits – Reduced-Price Meals (Version 3) (Updated June 2021):** Attach the SFA’s parent/guardian notification letter for Direct Certification (version 3).
 - https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/FreeRed/Direct_Certification_Parent_Notification_Letter3_Medicaid_Benefits_Reduced_Meals.docx
11. **Letter to Household of Notification of Selection for Verification of Eligibility (Updated August 2021):** If applicable, attach the SFA’s notice of selection for verification of eligibility.
 - https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/Verification/Sample_Household_Letter_Verify_Family_Eligibility.docx
12. **Letter of Verification Results and Adverse Action for Income Households (Updated August 2021):** If applicable, attach the SFA’s notice of selection for verification of eligibility.
 - https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/Verification/Sample_Letter_Verification_Results_Adverse_Action_Income_Households.docx
13. **Interschool Agreement (Updated March 2021):** If applicable, attach all Interschool Agreement Forms. For more information, refer to the “[Interschool Agreements](#)” section of the CSDE’s [Forms for School Nutrition Programs](#) webpage.
14. **Foodservice Management Company (FSMC) Contract:** If applicable, attach the FSMC contract and or amendments. For more information on the steps for FSMCs, refer to [section 5](#).
15. **Vended Meals Contract:** If applicable, attach all vended meals contracts

All sample forms are available on the CSDE’s [Forms for School Nutrition Programs](#) webpage.

4 — Submitting the Application Packet for Approval

1. When the sponsor has completed and saved the Sponsor Application and all Site Applications without errors and attached all required Checklist Items, the Application Packet can be submitted for approval. Click on **Submit for Approval**.



The screenshot displays a web application interface for submitting an application packet. It features two main tables and a set of action buttons at the bottom.

Action	Form Name	Latest Version	Status
View Modify	✓ Sponsor Application	Original	Not Submitted
Details	✓ Checklist Summary (1)		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
School Nutrition Program	0	3	0	0	0	0	3
Seamless Summer Option	0	0	0	0	0	0	0

At the bottom of the interface, there are three buttons: "< Back", "Submit for Approval" (highlighted with a red box and a red arrow pointing to it), and "Withdraw Packet". A link "Show Packet History" is also visible on the left.

4 | Submitting Application Packet

- The Application Packet has now been submitted and is ready for approval by the CSDE. The application can no longer be modified and will be in **View Only** mode.

The Application Packet is currently under review by the State and is unavailable for changes.

Action	Form Name	Latest Version	Status
View	✓ Sponsor Application	Original	Submitted
Details	✓ Checklist Summary (1)		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
School Nutrition Program	0	3	0	0	0	0	3
Seamless Summer Option	0	0	0	0	0	0	0

[< Back](#) [Submit for Approval](#) [Withdraw Packet](#)

[Show Packet History](#)

5 — Food Service Management Company

- If the school nutrition program is managed by a food service management company (FSMC) (question 52) click **YES** and complete the **Sponsor Contact for FSMC Contract** information as part of the **Sponsor Agreement**.

- Note:** This section must be updated with the food service director's direct company manager. This would be an area manager or district manager. For information on the steps for the sponsor agreement, refer to [section 1](#).



Food Service Management Company (FSMC)

52. Will the school nutrition program be managed by a Food Service Management Company (FSMC)? ☒ Yes ☐ No

Sponsor Contact for FSMC Contract


53. Name: Salutation First Name Last Name

54. Email Address: 

55. Phone: Ext: Fax:

56. Title:

- After the **Sponsor Application** has been saved, the **FSMC Contract List** will open.
 - If you were **operating with a FSMC contract during school year 2020-21** the FSMC Contract List will already be visible. Skip to step 12.
 - If the SFA has elected **not to renew the FSMC contract** and has moved to a self-operated program, skip to step 16.



Action	Form Name	Latest Version	Status
View Modify	✓ Sponsor Application	Original	Not Submitted
Details	FSMC Contract List		No Contracts
Details	✓ Checklist Summary (1)		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/Closed	Error	Total Applications
School Nutrition Program	0	3	0	0	0	0	3
Seamless Summer Option	0	0	0	0	0	0	0

[< Back](#)
[Submit for Approval](#)
[Withdraw Packet](#)

[Show Packet History](#)

5 | Food Service Management Company

3. Click on **Details**.



The screenshot shows a web application interface for the Food Service Management Company. A red arrow points to the 'Details' link in the 'Action' column of the first table. Below this table is a second table showing 'Site Applications' with columns for 'Approved', 'Pending', 'Return for Correction', 'Denied', 'Withdrawn/Closed', 'Error', and 'Total Applications'. At the bottom, there are buttons for '< Back', 'Submit for Approval', and 'Withdraw Packet', along with a link for 'Show Packet History'.

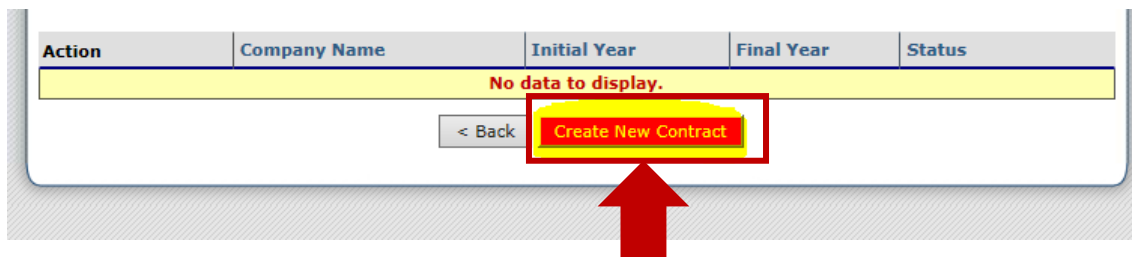
Action	Form Name	Latest Version	Status
View / Modify	✓ Sponsor Application	Original	Not Submitted
Details	FSMC Contract List		No Contracts
Details	✓ Checklist Summary (1)		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/Closed	Error	Total Applications
School Nutrition Program	0	3	0	0	0	0	3
Seamless Summer Option	0	0	0	0	0	0	0

< Back **Submit for Approval** Withdraw Packet

[Show Packet History](#)

4. Click on **Create New Contract**.



The screenshot shows a web application interface for the Food Service Management Company. A red arrow points to the 'Create New Contract' button. The interface includes a table with columns for 'Action', 'Company Name', 'Initial Year', 'Final Year', and 'Status'. A message 'No data to display.' is shown below the table. At the bottom, there are buttons for '< Back' and 'Create New Contract'.

Action	Company Name	Initial Year	Final Year	Status
No data to display.				

< Back **Create New Contract**

5. **NEW CONTRACTS:** Choose the FSMC **Company Name** and **Initial Year** of contract. The **Company Contact Information** will prefill. Select the **Begin Date**, **End Date** and **Number of Optional Renewal Years**. Indicate if the CNP FSMC prototype was used. Enter **comments** as needed.

Contract Information	
1. Company Name:	Child Nutrition Services ▼
2. Initial Year:	2021-2022 ▼
Company Contact Information	
Company Name:	Child Nutrition Services
Address:	
City, State Zip:	
Phone:	
Email Address:	
Additional Contract Information	
3. Contract Date	
Begin Date:	07/01/2021 📅
End Date:	06/30/2022 📅
4. Number of Optional Renewal Years:	0 ▼
5. Final Year of Contract:	2022
6. Was the CNP FSMC prototype used?	<input checked="" type="radio"/> Yes <input type="radio"/> No
7. Comments:	<div style="border: 1px solid #ccc; height: 50px; width: 100%;"></div>

6. The **Early Termination Information** and **Cancellation of Renewal** years are grayed out.

Early Termination Information	
To terminate this Food Service Management Company contract mid-school year, please complete the following questions.	
8. Early Termination?	<input type="radio"/> Yes <input checked="" type="radio"/> No
9. Early Termination Date:	<div style="background-color: #f0f0f0; border: 1px solid #ccc; height: 20px;"></div>
10. Early Termination Comments:	<div style="background-color: #f0f0f0; border: 1px solid #ccc; height: 40px;"></div>
Cancellation of Renewal Years	
11. <input type="checkbox"/> This Food Service Management Company contract will not be renewed for the upcoming school year 2016-2017.	

5 | Food Service Management Company

7. Click on **Save** and **Finish**. The contact is now pending approval.

Action	Company Name	Initial Year	Final Year	Status
View Modify	Child Nutrition Services	2021-2022	2021-2022	Pending Approval

< Back

Create New Contract

8. Upload the Contract and/or Amendments under the **Checklist Summary**. Click on **Details**.

Action	Form Name	Latest Version	Status
View Modify	➔ Sponsor Application	Original	Pending Validation
Details	✓ FSMC Contract List		1 Contract
Details	➔ Checklist Summary (1)		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
School Nutrition Program	0	0	0	0	0	1	1
Seamless Summer Option	0	0	0	0	0	1	1

< Back

Submit for Approval

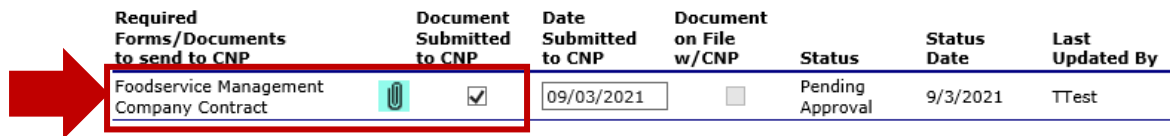
Withdraw Packet


[Show Packet History](#)

9. Click on **Sponsor** name.

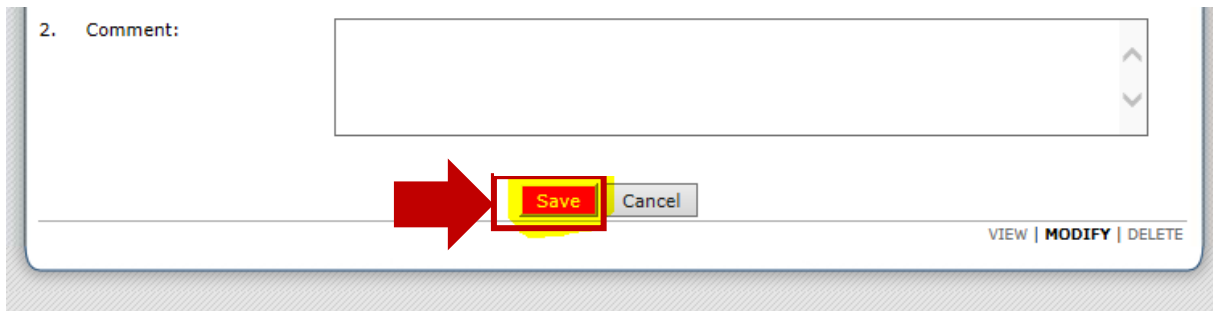
Sponsor	Total Items	Submitted Items	Approved Items
Board of Education	1	0	0

10. Click on the **check box** next to the **Food Service Management Company Contract** and then click on the **blue paperclip**. Upload the appropriate documents.



Required Forms/Documents to send to CNP	Document Submitted to CNP	Date Submitted to CNP	Document on File w/CNP	Status	Status Date	Last Updated By
Foodservice Management Company Contract	 <input checked="" type="checkbox"/>	09/03/2021	<input type="checkbox"/>	Pending Approval	9/3/2021	TTest

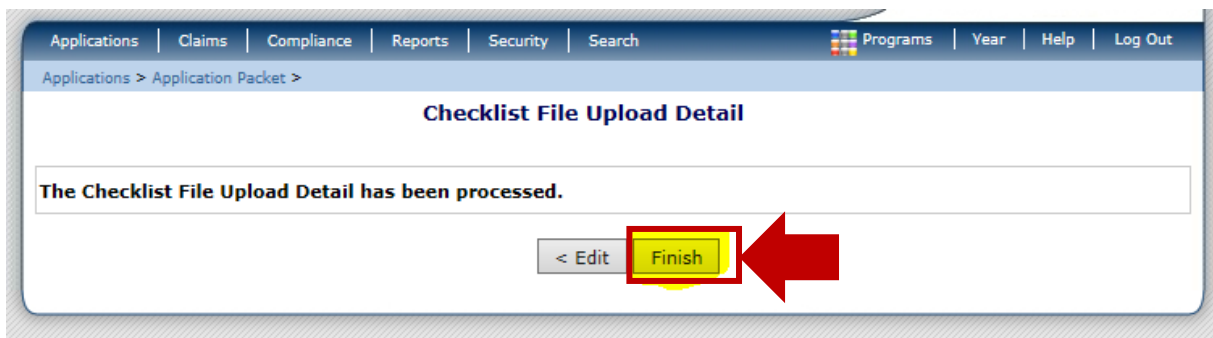
11. Click on **Save** and **Finish**.



2. Comment:

Save Cancel

VIEW | MODIFY | DELETE



Applications | Claims | Compliance | Reports | Security | Search | Programs | Year | Help | Log Out

Applications > Application Packet >

Checklist File Upload Detail

The Checklist File Upload Detail has been processed.

< Edit **Finish**

5 | Food Service Management Company

12. **UPLOAD CONTRACT RENEWAL AMENDMENT:** Next to Checklist Summary click on **Details**.

Packet Assigned To: unassigned

Action	Form Name	Latest Version	Status
View Modify Admin	Sponsor Application	Original	Pending Validation
Details	✓ FSMC Contract List		1 Contract
Details	Meal Pattern Compliance Dashboard		Pending Validation
Details	Checklist Summary (1)		
Details	Application Packet Notes		


Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/Closed	Error	Total Applications
School Nutrition Program	0	1	0	0	0	0	1
Seamless Summer Option	0	0	0	0	0	0	0

[< Back](#)
[Submit for Approval](#)
[Approve](#)
[Return](#)
[Deny](#)
[Withdraw Packet](#)

13. Click on name of **Sponsor**.

Sponsor	Total Items	Submitted Items	Approved Items
Board of Education	1	0	0

14. Click on the **check box** next to the **FMSC Contract Renewal Amendment** and then click on the **blue paperclip**. Upload the appropriate document.

Required Forms/Documents to send to CNP	Document Submitted to CNP	Date Submitted to CNP	Document on File w/CNP	Status	Status Date	Last Updated By
Foodservice Management Company Contract	 <input checked="" type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	9/3/2021	TTest

15. Click **Save** then **Finish**.

2. Comment:

Save

Cancel

VIEW | **MODIFY** | DELETE

Applications | Claims | Compliance | Reports | Security | Search

Programs | Year | Help | Log Out

Applications > Application Packet >

Checklist File Upload Detail

The Checklist File Upload Detail has been processed.

< Edit

Finish

5 | Food Service Management Company

16. **CANCELLATION OF RENEWAL YEARS PROCESS:** Check off box 11 as noted below if the SFA has elected **not** to renew their current contract.

Cancellation of Renewal Years

11. ☐ This Food Service Management Company contract will not be renewed for the upcoming school year 2021-2022.

17. Click **Save** then **Finish**.

2. Comment:

Save **Cancel**

VIEW | **MODIFY** | DELETE

Applications | Claims | Compliance | Reports | Security | Search | Programs | Year | Help | Log Out

Applications > Application Packet >

Checklist File Upload Detail

The Checklist File Upload Detail has been processed.

< Edit **Finish**


6 — Food Safety Inspection Report

To enter the number of food safety inspections at each site for school year 2021-22:

1. **Log in** to the CNP System at <https://ct.cnpus.com/prod/Splash.aspx>.
2. Click on **Applications**.



3. Click on **Food Safety Inspections**.



Item	Description
Application Packet	Applications Forms (Sponsor and Site)
Verification Report	Mandatory Annual Verification Report
Verification Summary	Mandatory Annual Verification Report (FNS-742) Summary
Food Safety Inspections	Number of Food Safety Inspections by Site
FFVP Application Packet	Fresh Fruit and Vegetable Program Application Forms (SFA and Site)
Financial Report	School Food Annual Revenues and Expenditures Report
Site Enrollment	Site Enrollment and Eligibility
Community Eligibility Provision	Enrollment and Eligibility for Community Eligibility Provision
USDA Waivers	USDA Waivers available for participation
Download Forms	Forms Available for Downloading
Healthy Food Certification	Healthy Food Certification

6 | Food Safety Inspection Report

- Click on **Modify** for SY 2021-22.

Food Safety Inspections

Status: Active

Type of Agency: Educational Institution
Type of SNP Organization: Public

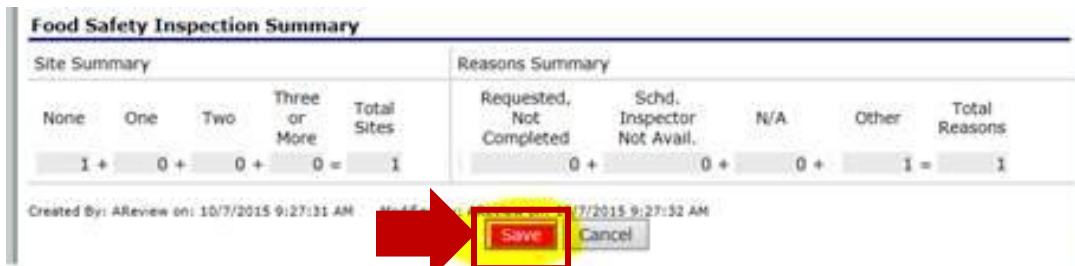
Action	School Year	Received Date	Status
Modify	2020 - 2021		Not Started
View Admin	2019 - 2020	08/27/2020	Submitted
View Admin	2018 - 2019	09/13/2019	Submitted
View Admin	2017 - 2018	08/16/2018	Submitted
View Admin	2016 - 2017	10/12/2017	Submitted

[< Back](#)

- For each site, enter in the number of **Food Safety Inspections** for the *previous* school year 2020-21. If you select **None** or **One**, you must also indicate **why** from the drop-down box. If your reason **why** is not listed, you may select **Other** and then you will be able to enter the reason in the **Reason** box.

Site ID	Site Name and Address	1. Safety Inspections performed in 2018 - 2019. For each site indicating either "Zero" or "One", select the reason in 1b.	
		1a. Food Safety Inspections	1b. Reason for fewer than two inspections conducted (Select the most predominant reason).
		<div style="border: 1px solid black; padding: 2px;"> <div style="background-color: yellow; text-align: center;">▼</div> </div>	<div style="border: 1px solid black; padding: 2px;"> <div style="background-color: yellow; text-align: center;">▼</div> <div style="background-color: yellow; padding: 5px;">Reason:</div> </div>

6. After entering all information, click on **Save**.



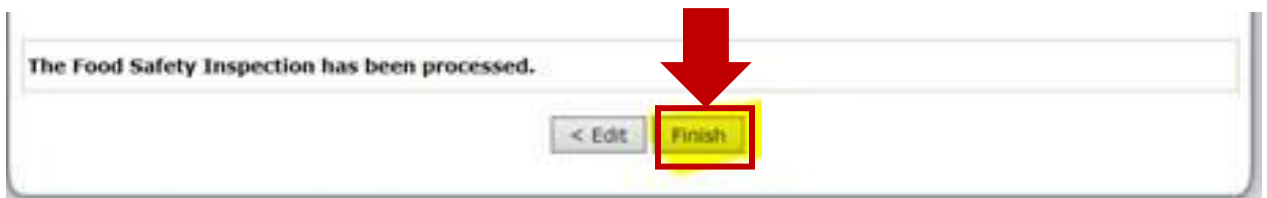
Food Safety Inspection Summary

Site Summary					Reasons Summary				
None	One	Two	Three or More	Total Sites	Requested, Not Completed	Schd. Inspector Not Avail.	N/A	Other	Total Reasons
1 +	0 +	0 +	0 +	1	0 +	0 +	0 +	1 +	1

Created By: AReview on: 10/7/2015 9:27:31 AM 10/7/2015 9:27:32 AM

Save **Cancel**

7. Click on **Finish**.



The Food Safety Inspection has been processed.

< Edit **Finish**

7 – Financial Report

1. Gather all of the financial data needed to complete the financial form. Step 8 shows a screen shot of the form. **Note:** You will have one opportunity to enter the data.
2. Access the CSDE's Online Application and Claiming System for Child Nutrition Programs (CNP System) at <https://ct.cnpus.com/prod/Splash.aspx>.

Connecticut

Returning Users: Log On

User ID:

Password:

[Forgot Your Password?](#)

Log On

CT State Department of Education

Child Nutrition Programs Online System

School Nutrition Sponsors: For assistance with the CNP System, contact the Help Desk at ColyarHelp.SDE@ct.gov or 860-713-6681.

Child and Adult Care Food Program (CACFP) Sponsors: Contact CACFP Staff at <https://portal.ct.gov/SDE/Nutrition/CACFP-Contact> for assistance.

Summer Food Service Program (SFSP) Sponsors: Contact Caroline Cooke for assistance.

This institution is an Equal Opportunity Provider/Affirmative Action/Equal Opportunity Employer.

Links

- [State Department of Education](#)
- [CACFP Resources](#)
- [SNP Resources](#)

CNP press

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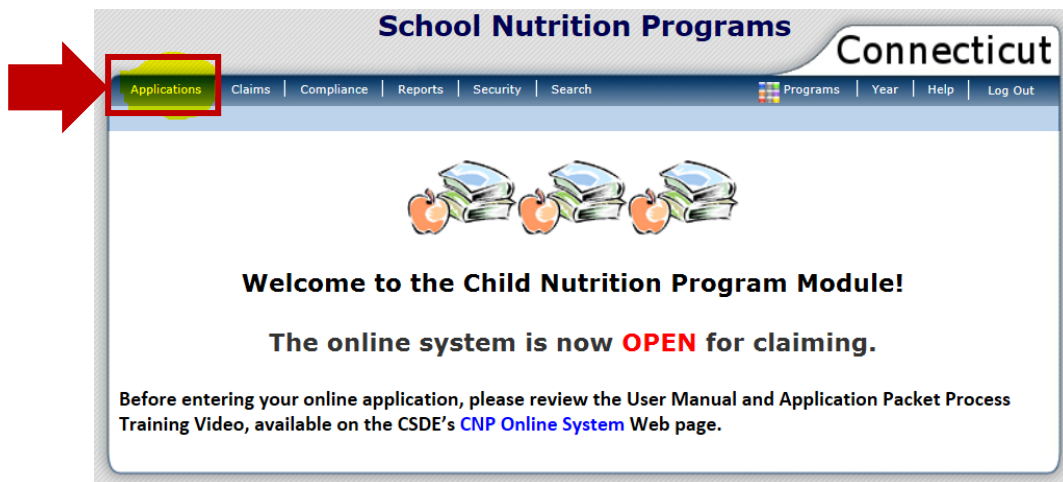
3. Log in with your **User ID** and **Password**.

7 | Financial Report


- Click on **School Nutrition Programs**.



- Click on **Applications**.



6. Click on **Financial Report**.



Item	Description
Application Packet	Applications Forms (Sponsor and Site)
Verification Report	Mandatory Annual Verification Report
Verification Summary	Mandatory Annual Verification Report (FNS-742) Summary
Food Safety Inspections	Number of Food Safety Inspections by Site
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USDA Waivers	USDA Waivers available for participation
Download Forms	Forms Available for Downloading
Healthy Food Certification	Healthy Food Certification


7. Click **Add** for School Year 2021-22.

Note: Do not click **Add** until all financial data is available to enter.

SNP Financial Report List

Status: Active

Type of Agency: Educational Institution
Type of SNP Organization: Public



Actions	Version	School Year	Reporting Period	Received Date	Status
Add		2021-2022	Jul 2020 - Jun 2021		Not on File
View Admin	Original	2020-2021	Jul 2019 - Jun 2020	1/19/2021	Approved
View	Original	2019-2020	Jul 2018 - Jun 2019	10/17/2019	Approved
View	Original	2018-2019	Jul 2017 - Jun 2018	2/26/2019	Approved
View	Original	2017-2018	Jul 2016 - Jun 2017	10/18/2017	Approved
View	Original	2016-2017	Jul 2015 - Jun 2016	11/16/2016	Approved
View	Original	2015-2016	Jul 2014 - Jun 2015	4/27/2016	Approved

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7 | Financial Report

8. Under **Revenues and Expenditures**, enter the appropriate amount into each field. For information on each category, refer to “[Category Description for Revenues and Expenditures](#)” in this document. When complete, check the **certification box** at the bottom of the page.

REVENUES AND EXPENDITURES	
1. Revenue for Reporting Period	
a. Cash From Daily Sales	\$ <input type="text"/>
b. Other Local Revenue	\$ <input type="text"/>
c. BOE Subsidies to Food Services Dept.	\$ <input type="text"/>
d. Total Revenue	\$0.00
2. Expenditure for Reporting Period	
a. Purchased Food Used	\$ <input type="text"/>
b. Direct Labor	\$ <input type="text"/>
c. Employee Benefits	\$ <input type="text"/>
d. Purchased Services	\$ <input type="text"/>
e. Equipment Purchase	\$ <input type="text"/>
f. Supplies / Miscellaneous	\$ <input type="text"/>
g. BOE Subsidies	\$ <input type="text"/>
h. Total Costs	\$0.00
3. Computed Operating Position	
a. Ending Cash Balance	\$ <input type="text"/>
b. Accounts Receivable	\$ <input type="text"/>
c. Value of Inventories on Hand	\$ <input type="text"/>
d. Total 3A + 3B + 3C	\$0.00
e. Minus Accounts Payable	\$ <input type="text"/>
f. Computed Operating Position (3D-3E)	\$0.00
g. Number of Operating Months	<input type="text"/>
h. Three Month Average Operating Cost (2H/3G)*3	\$0.00
i. Excess Balance (3F-3H)	\$0.00
<input type="checkbox"/> I certify that the information supplied above is correct to the best of my knowledge, that records are available to support this report. I understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject the applicant to prosecution under applicable state and federal statutes.	

9. After entering all data, click **SAVE** at the bottom of the page. This prompts the form to complete the calculations and the designated fields will populate automatically.

Corrective Action Plan Attachments

Sponsors are required to submit a Corrective Action Plan in the event that the Sponsor exceeds the maximum allowable foodservice operating balance.

A maximum of three (3) months operating balance is allowable in the National School Lunch Program. The balance can exceed the limit if future planned expenditures for equipment, supplies, or program expansions exist; however, a proposal to expend those funds must be submitted to the state agency.

Actions	Notes	Version	Uploaded By
Add an attachment			

Internal Use Only

Reviewed Date:

Received Date:


Status: Pending Approval

Corrective Action Plan (CAP) for Excess Cash Approved? ☐ Yes ☐ No

Internal Comments:

Comment(s) to Sponsor:

Created By: FBrown on: 10/24/2016 10:33:23 AM Modified By: FBrown on: 10/24/2016 10:33:25 AM



7 | Financial Report

Note: If a positive amount appears in field 3i (Excess Balance), an **error message** will appear because the sponsor exceeds the allowable three months operating cost. A corrective action plan is required.

Click **Edit** and review the error message.

School Nutrition Programs Connecticut

Applications | Claims | Compliance | Reports | Security | Search | Programs | Year | Help | Log Out

Applications > Financial Report Year List > Financial Report >

SNP Financial Form Details

Type of Agency: Educational Institution
Type of SNP Organization: Public

The Financial Form has been saved with errors.

Information entered is either incomplete or is not in compliance with the Connecticut State Department of Education Child Nutrition Programs rules and regulations. All errors listed on the form must be corrected before the Financial Form can be processed.
You may correct the errors now by clicking '< Edit' or you may return to the Financial Form later.

< Edit Finish

Code	Error Description
18711	Corrective Action Plan must be attached if an Excess Balance exists.

For assistance with errors that are **not** Code 18711, contact your [school nutrition programs county consultant](#).

If the error message indicates an excess balance exists, click **Add an Attachment** to upload your specific corrective action plan.

Corrective Action Plan Attachments

Sponsors are required to submit a Corrective Action Plan in the event that the Sponsor exceeds the maximum allowable foodservice operating balance.

A maximum of three (3) months operating balance is allowable in the National School Lunch Program. The balance can exceed the limit if future planned expenditures for equipment, supplies, or program expansions exist; however, a proposal to expend those funds must be submitted to the state agency.

Actions	Notes	Version	Uploaded By
Add an attachment			

Internal Use Only

Reviewed Date:

Received Date:

Status:

Pending Approval

Corrective Action Plan (CAP)
for Excess Cash Approved? ☐ Yes ☐ No

Internal Comments:

Comment(s) to Sponsor:

Created By: FBrown on: 10/24/2016 10:33:23 AM Modified By: FBrown on: 10/24/2016 10:33:25 AM

Save

Cancel

VIEW | **MODIFY** | DELETE | INTERNAL USE ONLY

Category Descriptions for Revenues and Expenditures (Step 8)

This section describes the revenue and expenditure categories that SFAs must enter in [step 8](#).

1. Revenue for Reporting Period

- a. **Cash from Daily Sales:** Includes the total amount of money that cashiers receive for paying students, adult meals, and a la carte sales (foods and beverages sold separately from reimbursable meals).
- b. **Other Local Revenue:** Cash received from catering and other local sources such as interest income on bank accounts. Do **not** include state matching funds and federal reimbursements.
- c. **BOE Subsidies:** Money that the board of education provides to subsidize the school food service program, such as the food service director's salary, health benefits, and equipment purchases. This also includes any in-kind services (services provided by the BOE but not charged to the school food service account), such as maintenance, electricity, gas, and telephone.
- d. **Total Revenue:** The CNP System calculates this amount automatically ($a + b + c$).

2. Expenditures for Reporting Period

- a. **Purchased Food Used:** The total cost of all foods and beverages used, including government commodities at the storage and processing rate.
- b. **Direct Labor:** Include all food service employee salaries such as food service director, secretary, managers, cooks, general workers, cashiers, truck drivers, and any other food service employees.
- c. **Employee Benefits:** Includes all fringe benefits such as FICA, workers' compensation, health insurance, sick leave, uniforms, and physicals.
- d. **Purchased Services:** Includes all purchased services such as food service management fees, armored services, and exterminators.
- e. **Equipment Purchased:** Includes all equipment purchases including capital purchases and smaller items intended for long term use such as tables and chairs.
- f. **Supplies/Miscellaneous:** The total cost of all supplies used, such as paper, cleaning, expendable equipment under \$500, and delivery charges for government commodities.

- g. **BOE Subsidies:** Include the cost of BOE subsidies to reflect the cost of operating your program. This figure should equal the BOE subsidy amount listed in 1c of section 1, “Revenue for Reporting Period.” **Note:** Do **not** include this figure in other expense areas.
- h. **Total Costs:** The CNP System calculates this amount automatically ($a + b + c + d + e + f + g$).

3. Computed Operating Position

- a. **Ending Cash Balance:** The cash balance in the bank as of **June 30, 2021**, including checking, savings (all forms), petty cash, and posted interest.
- b. **Accounts Receivable:** Includes all payments due, such as federal reimbursements and money owed from students and adults.
- c. **Value of Inventories on Hand:** Ending inventory as of **June 30, 2021**, of purchased food, government commodities (at the storage and processing rate), and supplies.
- d. **Total 3A + 3B + 3C:** The CNP System calculates this amount automatically ($a + b + c$).
- e. **Accounts Payable:** Any unpaid bills after June 30, 2021.
- f. **Computed Operating Position (3D-3E):** The CNP System calculates this amount automatically.
- g. **Number of Operating Months:** Record the number of months the Child Nutrition Program operated. Partial months count as a month. Include summer months if the sponsor is operating the seamless summer option (SSO) of the NSLP, an extended school year, or an official required academic summer school program.
- h. **Three Month Average Operating Cost (2H/3G*3):** The CNP System calculates this amount automatically.
- i. **Excess Balance (3F-3H):** This amount calculates automatically. **Note:** If an amount appears in this field, the sponsor exceeds the allowable three months operating cost and a corrective action plan is required. Click **Add an Attachment** to upload your specific corrective action plan.

8 — USDA Waivers

In October 2021, the CSDE will send instructions to sponsors regarding how to enter the USDA Waivers in the CNP Online System. The waivers for school year 2021-22 will be documented in the 2021-22 sponsor application packet.

SFAs must opt in to the USDA waivers using the CNP System for their specific operations. SFAs will be required to submit additional applications to implement waivers as applicable. For more information on the USDA waivers for school year 2021-22, visit the “[USDA Nationwide COVID-19 Waivers for School Year 2021-22](#)” section of the CSDE’s Operating Child Nutrition Programs during COVID-19 Outbreaks webpage.



CONNECTICUT STATE
DEPARTMENT OF EDUCATION